

# FEC FORM 3L

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SECRETARY OF THE SENATE

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

16 JUL 20 AM 10:00

1. NAME OF COMMITTEE (in full) **USE FEC MAILING OR TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**  
Deborah Ross for Senate

ADDRESS (number and street) P.O. Box 28258

Check if different  
☐ than previously  
reported (ACC)

Raleigh

CITY

NC  
STATE

27611

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00589820

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

NC

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For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☒ July 15

Quarterly Report (Q2)  
and/or Semi-annual Report

☐ October 15

Quarterly Report (Q3)

☐ January 31

Year End Report (YE)  
and/or Semi-annual Report

☐ July 31 Mid-Year Report  
(Non-election Year -  
Party/PAC) (MY) and/or  
Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C) This report also covers the semi-annual period

Election on  in the State of  See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) This report also covers the semi-annual period

Election on  in the State of  See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period

This report covers 01 01 2016 through 06 30 2016 and/or ☒ January 1 - June 30 ☐ July 1 - December 31

7. Total Reportable Bundled Contributions by (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period

Lobbyists/Registrants or Lobbyist/Registrant PACs 64568.50 64568.50

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Assistant Susan Jackson

Signature of Treasurer Assistant

*Susan Jackson*

07 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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